



BREA JUNIOR HIGH SCHOOL ATHLETICS

"BOBCAT ATHLETICS"

SIGNING UP FOR SPORTS

BJHS offers the following sports: all sports run Monday - Thursday from 3:00 to 4:00 pm

Fall: (September - October) Flag Football (Coed), Cross Country (Coed), and Volleyball (Coed)

Winter: (November - December) Soccer (Boys and Girls)

Early Spring: (January - March) Basketball (Boys and Girls)

Late Spring: (April - May) Track and Field (Coed)

All students are encouraged to participate, but travel teams will be chosen based on ability, attendance at practice, sportsmanship, and academic & citizenship performance within that season.

Athletics Paperwork Deadline:
For all seasons/every sport
September 28, 2018

COMPLETE ALL INFORMATION AND SIGN ALL FORMS – TURN INTO THE MAIN OFFICE

- 1. Brea Junior High School Athletic Clearance and Participation Form**
- 2. Insurance Information/Agreement Form**

All athletes must have medical insurance coverage before they will be allowed to practice and play. If you have family coverage, note the insurance company's name/policy number on the form. If you wish to purchase insurance, pick up a student accident insurance brochure from the office, return completed form to the office for processing. School insurance forms are available in the office if you wish to purchase insurance through Meyers Stevens & Toohey & Co. Inc.
- 3. Activities Emergency Card/Off Campus Trip Permission Form**
- 4. Brea Junior High School Physical Examination Form - 2 pages**

This Form is to be completed and signed by athletes each year. Complete the first page of the form; the second page is to be completed by your physician. Physicals are good for one year. Please note that new physical paperwork will be required when junior high students transition to high school athletics.
STUDENT MUST COMPLETE HISTORY INFORMATION PRIOR TO PHYSICAL. Please have your doctor complete the other side and have his/her **office stamp** placed above the signature line.



BOBCAT ATHLETICS PHILOSOPHY

The following principles are established for athletes at Brea Junior High School in order to complement the total educational program on campus and in the community:

1. Interscholastic athletics is an integral part of the educational program at Brea Junior High School. It appeals to the student who enjoys physical activity but must not detract from his/her scholastic endeavor. The athletic program contributes to school spirit and the wellbeing of the entire student body in that it promotes unity, a feeling of belonging and loyalty to a common entity.
2. The conduct of an athlete is closely observed in many areas of life. It is important that his/her behavior be above reproach in order that he/she might bring credit and honor to himself/herself and his/her school. We accept the thesis that athletics is a valuable opportunity for our students.
3. Believing that opportunity for a broad base of experience is basic in the program of instruction and activities at the junior high school level, we encourage students participating in the athletic program to compete in as many sports as time and talent will allow. We do not encourage specialization by sports in our program.

STUDENT FEES: California law does not allow school districts to charge fees to students for curricular, co-curricular, or extracurricular activities. The law does allow school districts to charge fees in specific situations. Those permissible fees are outlined in a FAQ from the Orange County Department of Education's Schools Legal Services division.

Due to constraints resulting from reductions in State funding for schools over the past several years, BOUSD has looked to maintain the high level of programs expected by our community through the solicitation of donations from participants and their families. This long standing practice is still legal and acceptable. The law is also very clear that all students must be allowed to participate in curricular, co-curricular, or extracurricular activities, without sanctions or limitations, regardless of whether a student or his/her family makes a donation.

We are working carefully with staff and all groups on campus to ensure that donations are requested only to help defer, or offset, the additional costs of running and maintaining our exceptional programs and activities at their current high level. Without your support of these programs through your donations, we will be required to redesign these programs to match the very limited funding provided by the State. While we will continue to offer as many programs as possible at no cost to students and their parents, please be aware that your voluntary donations help to make the experiences students have at our schools more enriched and extensive.

Brea Olinda Unified School District
Brea Junior High School Athletic Clearance and Participation Form

All students participating in any BJH athletic event must abide by all school rules, at all times. This includes before, during, and after school, and also during all games. If a student athlete conducts his/her self in any unbecoming manner, he/she may be suspended for one or more games, or for the entire season.

All athletes are expected to attend **All** practices, and travel teams will be based on ability, participation, and academic and citizenship success.

If an athlete quits a team without good cause, that may keep him/her from participating on other teams within the school year.

Student Name _____ Sex: ___M ___F

Date of Birth _____ Grade _____

Address _____

City _____ Zip _____

Home Phone # (____) _____

Parent's email _____

Father's Name _____

Work # (____) _____

Cell (____) _____

Mother's Name _____

Work # (____) _____

Cell (____) _____

Does student have any injury or physical condition that should be watched for?

Yes ___ No ___

If yes, please explain:

TREATMENT CONSENT: In the event my student becomes ill or is injured, I authorize you to have the student treated and I authorize the medical agency to render treatment. In addition, I am aware of Ed Code 35330 which provides that all persons making a field trip or an excursion are deemed to have waived all claims against the district for injury, accident, illness, or death occurring or by reason of the trip or excursion.

INFORMED CONSENT: While every precaution will be taken to insure the safety of my student, I realize that there is risk involved in athletics/activity participation and a student could be injured, paralyzed or killed in the course of his/her participation. I am aware of the responsibilities and obligations this places on my child.

SIGNATURE PARENT/GUARDIAN _____ **Date** _____

Student Name: _____

Medical Insurance Information & Agreement

Complete the following insurance information **OR** Myers Stevens Insurance information below

INSURANCE REQUIREMENTS: I certify that the above named pupil is covered by insurance that meets the requirements of Ed Code 32220-24 which requires that a member of a school athletic team, including band and orchestra members, cheerleaders, team managers, or any other student participating or performing duties in connection with a team or athletic event in which the team participates has **accidental death, hospitalization, and medical insurance coverage** in an amount of at least \$1,500. This coverage must cover students while preparing for, engaging in, or being transported to and from events. **Many insurance policies exclude tackle football. Please check your policy.**

My medical coverage for at least \$1,500 is issued by:

INSURANCE COMPANY: _____ POLICY NUMBER: _____

OR

Myers-Stevens Medical Insurance

Myers Stevens Insurance forms are available in the BJH Main Office, please complete and turn in with this form.

Myers-Stevens Insurance (please check all that apply):

___ Student Health Care Plan

___ School Time Plan

___ Tackle Football Plan

___ Dental add-on

___ Full Time/24 Hour Plan

___ Pharmacy Smartcard add-on

AGREEMENT

I agree to maintain the insurance listed above during the time that my student is participating in the activity/event. I understand that the school district does not carry medical or dental insurance for my child should he/she be injured while on school premises while under school jurisdiction, or during school sponsored activities. I affirm that the information provided by me is true and accurate. I have read and agree to abide by the information contained in the BJH Guidelines For Athletes.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR ATHLETIC DEPARTMENT USE ONLY

Date of Physical Exam on File _____ Athletic Director Signature _____

BREA OLINDA UNIFIED SCHOOL DISTRICT

ACTIVITIES EMERGENCY CARD/OFF CAMPUS TRIP PERMISSION FORM

STUDENT NAME: _____ M _____ F _____

HOME ADDRESS: _____ HOME TELEPHONE: (____) _____

FATHER'S NAME: _____ WORK PHONE or CELL PHONE: (____) _____

MOTHER'S NAME: _____ WORK PHONE or CELL PHONE: (____) _____

FATHER'S EMPLOYER: _____ MOTHER'S EMPLOYER: _____

EMERGENCY NUMBER: In absence of parent, please call (in case of illness or accident):

PARENT EMAIL ADDRESS: _____

NEIGHBOR/RELATIVE: _____ TELEPHONE: (____) _____

DOES STUDENT HAVE ANY INJURY OR PHYSICAL CONDITION THAT SHOULD BE CONSIDERED? Yes _____ No _____

If yes, please explain: _____

TREATMENT CONSENT: In the event my student becomes ill or is injured, I authorize you to have the student treated and I authorize the medical agency to render treatment. In addition, I am aware of Ed Code 35330 which provides that all persons making a field trip or an excursion are deemed to have waived all claims against the district for injury, accident, illness, or death occurring or by reason of the trip or excursion.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

NOTE TO PARENTS: Students riding the school bus to an activity are expected to return by bus. Any deviation from this rule must be approved by the parent and sponsoring teacher prior to the event. Although most transportation is done by bus, some events and groups require the use of private cars. The school district does not carry medical or dental insurance for students injured on school premises, while under school jurisdiction, or while participating in school district activities.

REGULAR ACTIVITY OR NATURE OF TRIP: (Explain) Transportation to and from

Athletic events and competitions

DESTINATION per Bobcat Athletics schedule/calendar

METHOD OF TRANSPORTATION MAY INCLUDE:

District Bus
Commercial Charter
Other

Private Vehicle Driven by Parent
Private Vehicle Driven by Student
Private Vehicle Driven by Teacher

FACULTY MEMBER IN CHARGE OR SIGNATURE OF SCHOOL OFFICIAL: Kelly Kennedy

DRIVERS ONLY VERIFICATION OF LIABILITY AND MEDICAL INSURANCE

The Brea Olinda Unified School District requires a minimum of \$100,000 liability per person with \$300,000 per occurrence for any privately owned vehicle used to transport students on off-campus trips.

PLEASE ATTACH A CURRENT COPY OF YOUR AUTOMOBILE INSURANCE POLICY VERIFYING THESE LIMITS.

I certify that in order to transport students on field trips in my private vehicle, I do have in force an automobile liability and medical policy. I also understand that in the event of an accident while transporting students, I have first liability.

I CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

Your Insurance Company's Name _____ Policy Number _____

Signature of Driver _____ Date _____

Signature of Owner _____ Date _____

IS 367-7-16

WHITE: TRIP SPONSOR

YELLOW: ACTIVITIES OFFICE

HISTORY – To be completed by STUDENT prior to receiving physical

DATE OF EXAM: _____

Name: _____ Grade _____ M _____ F Date of birth: ____/____/____

Activities student plans to participate in: _____ Basketball _____ Cheer _____ Cross Country _____ Football _____ Soccer
 _____ Track _____ Volleyball

Father's Name: _____ Mother's Name: _____ Home Phone: (____) _____

Address: _____ Work Phone or Cell Phone: (____) _____

Emergency Number: In absence of parent, please call (in case of illness or accident):

Neighbor/Relative: _____ Their home phone: _____ Their work phone: _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

- | | YES | NO | | YES | NO | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|-----|------|---------|-------|------|-------|------|-------|------|-----------|----------|--------|-------|------|--|--|--|-----------|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 2. Do you have an ongoing or chronic illness?
Have you ever been hospitalized overnight?
Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 3. Are you currently taking any prescription or non-prescription (over the counter) medications of pills or using an inhaler?
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision?
Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 4. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?
Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain, or swelling after injury?
Have you broken or fractured any bones or dislocated any joints?
Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?
<i>If yes, check appropriate box and explain below.</i> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 5. Have you ever passed out during exercise?
Have you ever been dizzy during or after exercise?
Have you ever had chest pain during or after exercise?
Do you get tired more quickly than your friends do during exercise?
Have you ever had racing of your heart or skipped heartbeats?
Have you had high blood pressure or high cholesterol?
Have you ever been told you have a heart murmur?
Has any family member or relative died of heart problems or of sudden death before age 50?
Have you ever had a severe viral infection (for example myocarditis or mononucleosis) within the last month?
Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td>Head</td> <td>Elbow</td> <td>Hip</td> <td>Neck</td> </tr> <tr> <td>Forearm</td> <td>Thigh</td> <td>Back</td> <td>Wrist</td> </tr> <tr> <td>Knee</td> <td>Chest</td> <td>Hand</td> <td>Shin/calf</td> </tr> <tr> <td>Shoulder</td> <td>Finger</td> <td>Ankle</td> <td>Foot</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Upper Arm</td> </tr> </table> | Head | Elbow | Hip | Neck | Forearm | Thigh | Back | Wrist | Knee | Chest | Hand | Shin/calf | Shoulder | Finger | Ankle | Foot | | | | Upper Arm | <input type="checkbox"/> | <input type="checkbox"/> |
| Head | Elbow | Hip | Neck | | | | | | | | | | | | | | | | | | | | | | |
| Forearm | Thigh | Back | Wrist | | | | | | | | | | | | | | | | | | | | | | |
| Knee | Chest | Hand | Shin/calf | | | | | | | | | | | | | | | | | | | | | | |
| Shoulder | Finger | Ankle | Foot | | | | | | | | | | | | | | | | | | | | | | |
| | | | Upper Arm | | | | | | | | | | | | | | | | | | | | | | |
| 6. Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you want to weigh more or less than you now?
Do you lose weight regularly to meet weight?
Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 7. Have you ever had a head injury or concussion?
Have you ever been knocked out, become unconscious or lost you memory?
Have you ever had a seizure?
Do you have frequent or severe headaches?
Have you ever had numbness or tingling in your arms hand, legs or feet?
Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 8. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Record the dates of your most recent immunizations (shots) for:
Tetanus _____ Measles _____
Hepatitis B _____ Chickenpox _____ | | | | | | | | | | | | | | | | | | | | | | |
| 9. Do you cough, wheeze or have trouble breathing during or after activity?
Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES ONLY | | | | | | | | | | | | | | | | | | | | | | |
| | | | 16. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
When was the longest time between periods in the last year? _____
Explain "Yes" answers here: _____

_____ | | | | | | | | | | | | | | | | | | | | | | |

I hereby state that, to the best of my knowledge, my answers to the above questions are **complete** and correct.

Student signature: _____

Date: _____

BREA JUNIOR HIGH SCHOOL PHYSICAL EXAMINATION CARD

Name _____ Date of Birth: _____
 _____ M _____ F

Date of Exam: ____/____/____ Height: _____ Weight: _____
 Pulse _____ BP ____/____ % Body Fat (optional) _____
 Vision R 20/____ L 20/____ Corrected: Y · N Pupils: Equal ____ Unequal ____

MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____
- Not cleared for: _____
- Reason: _____
- Recommendations: _____

Physician: Please circle one of the above, sign and stamp address.

Physicians Stamp: (address, phone number)

 Physician's Signature